

TIAA P.O. Box 1281 Charlotte, NC 28201-1281

4705370388

\*\* ONE HUNDRED THOUSAND DOLLARS AND 00 CENTS \*\*

50-937  
213

OP

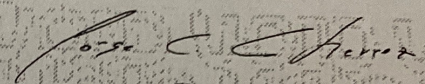
Payable On or After		
Month	Day	Year
06	30	2020

Pay to the Order of MELINDA E YOUNG  
2726 W CORTEZ ST UNIT 1  
CHICAGO IL 60622-3419

	Dollars	Cents
PAY	****\$100,000	00

ACCOUNT: OMNI  
NOT VALID AFTER 90 DAYS

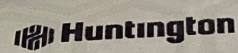
JPMorgan Chase Bank, N.A.  
Syracuse, NY 13206

  
Treasurer

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. IF THIS WATERMARK IS NOT PRESENT DO NOT CASH.

⑈4705370388⑈ ⑆021309379⑆

601879281⑈



Bucktown  
009 440097 01 HB58649  
PD 07/09/2020 CD 07/09/2020 09:26 # 3

Payment PCL \$100,000.00  
XXXXXX9174

Thank you for banking with Huntington.  
We appreciate your business  
1-800-480-BANK (2265)  
www.huntington.com





REQUEST FOR  
CORONAVIRUS-RELATED WITHDRAWAL OR  
HARDSHIP WITHDRAWAL

For account information, or  
to check the status of your  
request or any questions:

Call 800-842-2252

Weekdays

8 a.m. — 10 p.m. (ET)

Saturday

9 a.m. — 6 p.m. (ET)

Or visit us online at

[TIAA.org](https://TIAA.org) 24 hours a day.

Have your user ID  
and password ready.

KEY INFORMATION TO CONSIDER

- A coronavirus-related withdrawal is a withdrawal, described in Section 5 of this form, taken before December 31, 2020, under section 2202(a) of the CARES Act. We'll send the withdrawal amount after we receive your completed forms. The completed forms must be in good order. To avoid delays, be sure to complete all sections.
- Prior to taking a hardship withdrawal (but not a coronavirus-related withdrawal), you must obtain all other currently available distributions under the plan and all other plans of deferred compensation, whether qualified or nonqualified, maintained by your employer. Your employer's plan may also require you to first obtain all nontaxable loans available under the plan and all other plans maintained by the employer. Any cash distribution taken prior to a hardship withdrawal will be taxed at a federal tax withholding rate of 20%, and state withholding will apply, if applicable. Please consult your plan administrator if you have any questions regarding these requirements.
- Internal Revenue Service (IRS) regulations provide that:
  - Hardship withdrawals and coronavirus-related withdrawals are not eligible to be rolled over, and
  - They may be subject to optional income tax withholding. The default tax withholding is 10%.
- State income tax withholding may be required from your distribution. If state withholding is mandatory, we will withhold at the rate required by your state. Please note: The state may allow you to elect not to have withholding applied, to choose additional withholding, or to specify the rate of withholding. For more information on state tax withholding, go to [TIAA.org/public/tax-withholding](https://TIAA.org/public/tax-withholding). Call TIAA at 800-842-2252 if you have any questions.
- A hardship or coronavirus-related withdrawal from your TIAA Traditional Annuity within Retirement Annuity (RA), Group Retirement Annuity (GRA) and Retirement Choice (RC) contracts is not available.

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F11269 (4/20)





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If you select direct deposit, you will usually receive funds within two (2) business days once we have all the required approvals and documentation.

You may fax copies of forms and documents if you request that we send the payment via direct deposit using banking information we already have on file. Otherwise, you must upload or mail original documents (not faxed copies) with this form.

If you choose to receive a check, we send it by standard U.S. Mail and it may take up to 8-10 business days for you to receive it.

#### 4. PROVIDE PAYMENT INSTRUCTIONS

NOTE: If TIAA is unable to validate your bank account information for any reason, or you do not make a selection below, we will automatically mail a check to your current address on file.

Please indicate where you would like us to send the money:

☒ Direct Deposit to my bank account already on file:

Bank Name: ALLY BANK - CHECKING - 6832

Account Number ending in:

☐ Direct Deposit to my new Checking or Savings Account:

☐ Checking Account OR ☐ Savings Account

Provide documentation described in item A, B or C below.

A. Upload a photo of a voided check through our TIAA mobile app or log in to TIAA.org. You can also mail an original voided check to TIAA with this form. Starter checks, deposit slips, third-party checks and photocopies of checks are not acceptable.

OR

B. Mail an original notarized letter from your bank (including all the information below) to TIAA with this form. Photocopies of checks are not acceptable.

- On bank letterhead, which includes address of bank
- Name on your account
- Address on your account
- Bank/ABA routing number
- Account number
- Account type (personal checking account or personal savings account)
- Signature of the financial institution's representative. This signature must either be notarized by the financial institution's notary or it must be a signature guarantee, including the stamp or seal from the financial institution's authorized representative.
- If any of the bullet points above are missing, we will send your payment to the current address on file.

OR

C. Upload a photo of a Bank Generated Setup Form (including all the information below) through our TIAA mobile app or log in to TIAA.org. You can also mail an original to TIAA with this form. Photocopies of checks are not acceptable.

- Name on your account
- Address on your account
- Bank/ABA routing number
- Account number
- Account type (personal checking account or personal savings account)

☐ Mail a check to my current address on file.

Note: To ensure your account is secure, we can't send a check to a mailing address that has changed in the last 14 days. So, if you're requesting that we send the payment to your mailing address and you've recently changed it, we may not be able to process your current request. Call us so we can discuss some of your options for completing your request.

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# REQUEST FOR CORONAVIRUS-RELATED WITHDRAWAL OR HARDSHIP WITHDRAWAL

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You must provide a copy of the applicable documentation with this form or your request for a hardship distribution will be rejected.

The amount of the hardship distribution may not exceed the amount of the documented financial hardship need. If the total requested in Section 3 exceeds the amount of the documented hardship need, then only the amount of the documented need will be paid.

## 5. EARLY WITHDRAWAL CERTIFICATION—HARDSHIP AND CORONAVIRUS-RELATED

Please check the reason for your hardship withdrawal or coronavirus-related withdrawal. Listed beside each hardship reason is acceptable supporting documentation of the unpaid/outstanding expenses.

### Reason for Hardship

### Documentation Required

### Date of Documentation

☐ Expenses directly related to the purchase of my principal residence

Copy of purchase contract signed by buyer and seller.  
**AND**

Dated within the last 6 months and must not have been paid.

Copy of estimated closing costs documented by a financial institution. A Good Faith Estimate/Closing Cost worksheet has the estimated amount needed at closing.

☐ Funds needed to prevent eviction from my principal residence or foreclosure of mortgage on my principal residence

Copy of eviction notice/letter clearly stating the principal residence address, dollar amount that is due and the date it is due to prevent eviction. Supporting documentation from a private landlord must include the residential address and the contact information of the landlord inclusive of the telephone number, the name and signature of the landlord.

Dated within the last 3 months and must not have been paid.

**OR**

Copy of foreclosure notice/letter from mortgage company clearly stating the dollar amount that is due and the date it is due to prevent foreclosure proceedings. Default notices must state the loan will be accelerated and/or foreclosure proceedings will begin if default is not cured.

☐ Expenses related to repair of damage to my principal residence incurred as a result of certain casualty damage

Copy of unpaid repair bill that indicates the address at which the work is performed. Provide the type of casualty and when it occurred and that it was a direct result of this casualty.

Dated within the last 6 months and must not have been paid.

Insurance documents that show what was and was not reimbursable.

By signing the form requesting a hardship withdrawal, I certify that the damage covered by the attached bill occurred to my primary residence **AND** qualifies for a casualty loss deduction under Internal Revenue Code Section 165 that is not reimbursable by insurance.

**Note:** This does not include home improvements, additions, remodeling, routine upkeep, and maintenance or progressive deterioration.

IRS defines deductible casualty event as the damage, destruction or loss of property resulting from an identifiable event that is sudden, unexpected or unusual (i.e., floods, hurricanes, tornadoes, terrorist attacks, vandalism and volcanic eruptions). Sudden is swift, not gradual or progressive. Unexpected is ordinarily unanticipated and unintended. Unusual is not a day-to-day occurrence and that is not typical of the activity in which you were engaged.







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## 5. EARLY WITHDRAWAL CERTIFICATION—HARDSHIP AND CORONAVIRUS-RELATED (CONTINUED)

### Reason for Hardship

- ☐ Expenses and losses related to a federally declared disaster

IRS defines such expenses and losses (including loss of income) as those incurred on account of a disaster declared by the Federal Emergency Management Agency (FEMA) under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 100-707, provided that the employee's principal residence or principal place of employment at the time of the disaster was located in an area designated by FEMA for individual assistance with respect to the disaster.

- ☐ Medical expenses that would be deductible under the Internal Revenue Code for Me, My Spouse, My Dependent and/or Primary Beneficiary under the Plan.

IRS Publication 502, Medical and Dental Expenses is a useful tool for determining which expenses are deductible. Please use the following link to access a list of deductible medical expenses: [irs.gov/publications/p502](https://www.irs.gov/publications/p502).

- ☐ Tuition, related educational fees, and room and board expenses for up to the next 12 months of postsecondary education for Me, My Spouse, My Dependent and/or Primary Beneficiary under the Plan.

- ☐ Burial or funeral expenses that would be deductible under the Internal Revenue Code for a Parent, Spouse, Dependent and/or Primary Beneficiary under the Plan.

### Documentation Required

Copy of food and shelter invoices and/or unpaid repair bills indicating the address at which such expenses were incurred. If claiming loss of income, documentation from your employer evidencing the dates and amounts of lost salary, wages and other compensation resulting from your inability to work in an area designated by FEMA as a federally declared disaster.

By signing the form requesting a hardship withdrawal, I certify that the expenses and losses covered by the attached documentation occurred to my principal residence or place of employment due to a FEMA-designated disaster.

Copies of insurance statements showing amounts not reimbursed, along with unpaid bills. Explanation of benefits without an invoice is not acceptable.

If there is no insurance coverage, provide copies of medical bills showing the uninsured portion of the medical expenses, and

Medical expenses/co-payments must clearly be outstanding.

These expenses can also be incurred by your spouse or your dependent, so please indicate who is incurring the expense. Relationship to the employee must be indicated on the form, and proof of dependency will be required (i.e., copies of tax forms, marriage license, etc.).

Copies of unpaid tuition bill or statement from school/college/university for up to the next 12 months.

### AND/OR

Copies of unpaid bills or receipts for other related fees and expenses (i.e., books) or room and board for the next 12 months.

These expenses can also be incurred by your spouse or your dependent, so please indicate who is incurring the expense. Relationship to the employee must be indicated on the form, and proof of dependency will be required (i.e., copies of tax forms, marriage license, etc.).

**Note:** Bills for previously attended semesters, or student loans, are not acceptable documentation. Must have an actual bill or invoice; hardship withdrawals cannot be processed for estimated costs of attendance.

Copy of unpaid bill for funeral or burial expenses.

These expenses can also be incurred by your spouse or your dependent, so please indicate who is incurring the expense. Relationship to the employee must be indicated on the form and proof of dependency will be required (i.e., copies of tax forms, marriage license, etc.).

### Date of Documentation

Dated within the last 6 months.

Dated within the last 6 months and must not have been paid.

Dated within the last 6 months and must not have been paid.

Dated within the last 6 months and must not have been paid.







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You must certify that you are a qualified individual to request a coronavirus-related distribution. No additional documentation is required.

**5. EARLY WITHDRAWAL CERTIFICATION—HARDSHIP AND CORONAVIRUS-RELATED (CONTINUED)**

**Coronavirus-Related Withdrawal**

☒ **Impacted by the coronavirus public health crisis and associated economic fallout.**

**Certification Required**

By selecting this option and signing this form requesting a coronavirus-related withdrawal, I certify that I have been impacted by the coronavirus public health crisis and have met one or more of the following criteria:

**Date of Documentation**

Not applicable.

1. Any individual who has been diagnosed with the virus SARS-CoV-2 or the disease COVID-19 (together, "coronavirus") by a test approved from the Centers for Disease Control and Prevention ("CDCP").
2. Any individual who has a spouse or dependent who has been diagnosed with coronavirus by an approved CDCP test.
3. Anyone who suffers adverse financial consequences as a result of quarantine, employment furlough, lay-offs, reduced work hours or cannot work due to lack of child care as a result of coronavirus.
4. Anyone who experiences a financial loss to an individually owned or operated business that is caused by a closing or reduction of hours due to coronavirus.
5. Such other factors as determined by the Secretary of the Treasury (or his delegate).

This allows me to make a withdrawal in 2020 from my retirement savings of up to \$100,000 without a 10% penalty or mandatory 20% withholding. I acknowledge that I am responsible for limiting my coronavirus-related withdrawals to an aggregate of \$100,000 from all of my accounts in retirement plans and IRAs, and certify that this withdrawal when added to any other such withdrawals I have taken and will take this year will not exceed this limitation. You should consult your tax adviser concerning the ability to spread any income from your withdrawal over 3 taxable years or to repay the distribution as a rollover contribution.

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**For hardship withdrawals:** Enter the percentage if you want taxes withheld. If you are a U.S. citizen residing outside the United States, you must elect income tax withholding. If no selection is made, federal taxes will default to 10%.

**For coronavirus-related withdrawals:** A coronavirus-related withdrawal is not subject to mandatory 20% federal income tax withholding. A coronavirus-related withdrawal is by default taxable over 3 years. Therefore, the withholding options in this section apply to your coronavirus-related withdrawal. If no selection is made, federal taxes will default to 10%. Please contact your tax advisor regarding details on how a coronavirus-related withdrawal affects your tax situation.

**5. EARLY WITHDRAWAL CERTIFICATION—HARDSHIP AND CORONAVIRUS-RELATED (CONTINUED)**

**TAX WITHHOLDING—Withholding For Either A Hardship Withdrawal Or A Coronavirus-Related Withdrawal: You Must Complete This Portion.**

A hardship withdrawal is considered a non-rollover eligible withdrawal because of taxation rules. A coronavirus-related withdrawal is a non-rollover eligible withdrawal but may be later repaid as an eligible rollover contribution to an eligible retirement plan because of the CARES Act. Please select one option below for how we should handle the federal income tax from your payment.

☒ No withholding; I will satisfy any tax obligation separately

☐ Default federal withholding of 10%

☐ Fixed percentage  % (must be greater than 10%)

If you do not make an election above, we will apply the default withholding rate, which is 10% of the taxable amount for U.S. citizens residing in the United States.

**SIGNATURE** (Please read the following and sign your name to this form in the "Your Signature" box on the next page.)

**FOR A HARDSHIP WITHDRAWAL, OTHER THAN CORONAVIRUS-RELATED WITHDRAWAL**

- I affirm that I have an immediate and heavy financial need, and I represent and affirm that I have insufficient cash or other liquid assets reasonably available to satisfy this financial need.
- I affirm that I have already obtained all other currently available distributions under the plan from which I am taking this hardship distribution and under all other plans of deferred compensation, whether qualified or nonqualified, maintained by my employer.
- I certify that the amount of the distribution that I have requested is not in excess of this immediate and heavy financial need.
- I certify that the documentation that I have provided with this form is authentic.
- If required by my employer's plan, I certify that I have obtained all loans currently available from all funding vehicles under all plans of my employer and any other employer that is related to my employer. Maximizing loan availability may require a transfer of assets between funding vehicles. I understand that TIAA may verify this information at the direction of the employer and that TIAA will be entitled to rely on that verification to determine my eligibility for hardship withdrawal requests. (NOTE: Certification is not necessary if the taking of all available loans prior to a hardship withdrawal is not required by your plan rules; consult your plan administrator with any questions.)

**FOR A CORONAVIRUS-RELATED WITHDRAWAL AND A HARDSHIP WITHDRAWAL**

- I understand that TIAA will process my withdrawal when all required documentation has been received and all required verification has been completed.
- I understand that the amount of my distribution cannot exceed the amounts available for such withdrawal in my contract and that the amounts available can fluctuate based on market conditions. I understand that the amount verified as available distribution may be less than the amount that I have requested and less than the amount indicated on the documentation that I have submitted.
- I understand that my distribution may not be sent as a rollover to an IRA or to an employer's retirement plan although, I may repay a coronavirus-related withdrawal as a rollover contribution.

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# REQUEST FOR CORONAVIRUS-RELATED WITHDRAWAL OR HARDSHIP WITHDRAWAL

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## 5. EARLY WITHDRAWAL CERTIFICATION—HARDSHIP AND CORONAVIRUS-RELATED (CONTINUED)

- I understand that the tax consequences of any withdrawal are my responsibility to determine and satisfy. Except for coronavirus-related withdrawals, I am aware that a 10% early distribution tax penalty may be assessed by the IRS if I am under the age of 59½.
- I hereby authorize TIAA, its authorized representatives and the Plan Sponsor to use my personal information, including personal medical information, for the purpose of processing my withdrawal request. Except where ordered by a court of law or by a governmental agency, TIAA, its authorized representatives, and the Plan Sponsor shall not release any personal information used to process my request to any party without my prior written approval.
- I understand that my account will not be liquidated until TIAA receives this form and has verified my eligibility for a distribution under the terms of my employer's plan and, except for a coronavirus-related distribution, applicable tax law. This verification may take up to one (1) business day after the day TIAA has received this form. If my form is received after market close on a business day, then the process of determining my eligibility for a distribution may not begin until the next business day. The amount of money that I receive will depend on the price at which TIAA can liquidate my account. Due to market fluctuations, such liquidation price could be less than the price at the time I submit this form to TIAA. As a result, the amount of money that I receive as a result of the liquidation of my account for a distribution could be less than the market value as of the date that I submit this form.

### AUTHORIZE YOUR REQUEST

By signing this form in the "Your Signature" box below:

- You authorize TIAA to make withdrawals from your TIAA account balances, as stated in this form.
- If you requested that your withdrawal be directly deposited, you authorize that the bank charge your account and refund any overpayments to TIAA. You release your bank from any liability to TIAA for overpayment above the amount of the funds available at the time TIAA requests a refund.
- For your protection, TIAA may require additional verification of your identity before accepting your transaction as in good order. You agree that your transaction will be valued as of the market close on the business day that all of steps necessary to verify your identity and the transaction to be in good order have been completed. You also agree that in the event these steps are completed after the market close on a business day, then your transaction will be valued as of the market close on the next business day. The amount of money that you receive will depend on the share or unit price on the day on which your transaction is deemed to be in good order. Due to market fluctuations, the price your shares or units ultimately receive could be less than the share or unit price when you initiated this transaction. It is also possible that if we are unable to reach you to verify this transaction within 5 days, this transaction may be canceled.

If I am a non-resident alien individual, I acknowledge that the requested tax certifications in the box to the right do not apply to me and that I must submit Form W-8BEN.

Please sign your full legal name with suffix, if applicable, using black or dark blue ink. Non-TIAA digital signatures, such as signing with Adobe Acrobat, are not accepted. ►

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person; and (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Your Signature

Today's Date (mm/dd/yyyy)

06/24/2020

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**Unmarried Verification:** If you are unmarried, ONLY complete Section 6.

Please sign in black or dark blue ink, or online using TIAA's digital signing experiences. Non-TIAA digital signatures, such as signing with Adobe Acrobat, are not accepted.

Please sign in black or dark blue ink. Digital signatures, such as signing with Adobe Acrobat, are not accepted.

### 6. UNMARRIED VERIFICATION

☒ I certify that I am not married AND I am currently working for the employer that contributed to this plan.  
Please sign below in the presence of the Plan Representative.

Your Signature

*Melinda Young*

Today's Date (mm/dd/yyyy)

06 / 24 / 2020

### PLAN REPRESENTATIVE CERTIFICATION

By signing, you certify that the participant is not married.

Plan Representative's Signature

Today's Date (mm/dd/yyyy)

/ / 20

Plan Representative's Name (Please print)

Title







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**To the participant:** If you are married, ONLY your spouse will need to complete Section 6B.

**Remember, spouse must sign and date this waiver on or after the participant has signed this form.**

Please sign in black or dark blue ink, or online using TIAA's digital signing experiences. Non-TIAA digital signatures, such as signing with Adobe Acrobat, are not accepted.

This section must be completed by either a Notary Public or Plan Representative. If you reside outside the U.S., then you need to go to a U.S. Embassy/U.S. Consulate or U.S. Bank Branch to obtain a Notary Public's signature.

TIAA allows online notarization. Visit [www.nationalnotary.org/resources-for/public/find-a-notary](http://www.nationalnotary.org/resources-for/public/find-a-notary).

**NOTE:** A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Please contact your benefits office to complete the Plan Representative Certification instead of a Notary Public Certification.

### 6B. SPOUSE'S WAIVER OF SURVIVOR BENEFITS

As the spouse of a participant in an employer-sponsored retirement plan, you have the right to receive a survivor benefit of at least 50% of the participant's (the account owner's) accumulation if he or she dies before you (referred to as a qualified joint and survivor annuity ("QJSA")). The amount may be more, depending on the plan provisions. With this form, your spouse is requesting a distribution in a form other than the QJSA as well as a Required Minimum Distribution (RMD) in the event your spouse has provided instructions to roll over the requested distribution and has not received RMDs in accordance with federal tax law. Because this means that the money used for the distribution will no longer be available to provide a QJSA survivor benefit to you, we must get your consent before completing the transaction. Please read and sign the statement below only if you agree to the distribution in a form other than the QJSA. You do not have to sign this form. If you do not, you will receive the QJSA survivor benefit described in the *Explanation of the Qualified Joint and Survivor Annuity*.

**Important:** You must have your signature witnessed by a Notary Public OR the contributing employer's Plan Representative. And you must sign and date this waiver on or after your spouse has signed the distribution form.

By signing, I confirm that I have read and understand the *Explanation of the Qualified Joint and Survivor Annuity*, which includes information about the QJSA and the requirements for spousal consent. I hereby agree to this distribution and understand that the amount to be distributed will not be available as a QJSA survivor benefit. I also understand that this waiver applies to this request only; it does not apply to future requests.

First Name

Last Name

Signature

Today's Date (mm/dd/yyyy)

 /  / 20

### NOTARY PUBLIC CERTIFICATION

State

County

Notary Expiration

Date (mm/dd/yyyy)

 /  / 20

On the date noted below the subscriber known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

Notary Public's Signature

Today's Date (mm/dd/yyyy)

 /  / 20

### PLAN REPRESENTATIVE CERTIFICATION

By signing, you are certifying you witnessed the spouse's signature.

Plan Representative's Signature

Today's Date (mm/dd/yyyy)

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Plan Representative's Name (Please print)

Title

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# REQUEST FOR CORONAVIRUS-RELATED WITHDRAWAL OR HARDSHIP WITHDRAWAL

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Please print using black or dark blue ink.

**IMPORTANT:** A full Social Security Number is required to process your request.

If you claim residence AND citizenship outside the U.S., you must complete Form W-8BEN in addition to this form to certify your foreign tax status. To print the W-8BEN form, go to [TIAA.org/forms](http://TIAA.org/forms), and scroll to Find tax forms.

## 1. PROVIDE YOUR INFORMATION

First Name	Middle Initial
MELINDA	E
Last Name	Suffix
YOUNG	
Social Security Number/	Contact Telephone Number
7735517900	Extension
State of Legal Residence (if outside the U.S., write in Country of Residence)	Citizenship (if not U.S.)
Illinois	United States

\* The Plan and Sub Plan Numbers should have been provided when you requested the form. If you do not have them, please reference your quarterly statement.

## 2. PROVIDE YOUR CONTRACT NUMBERS

TIAA Number	CREF Number
L 1 5 2 2 4 P 7	M 1 5 2 2 4 P 5
Plan Number	Sub Plan Number
T I A A 0 2	G S 1 0 0 1
Plan Name	
TIAA CODE SECTION 401(K) PLAN	

Withdrawals from certain mutual funds may be subject to redemption fees and may not be eligible for withdrawal. See the fund prospectus for additional information. Not all of your account balances may be available for withdrawal. The amount eligible will be calculated based on the requirements of your employer's plan documents and applicable IRS regulations.

Remember, account balances change daily based on market performance. Log in to your account at [TIAA.org](http://TIAA.org) or call us for automated up-to-date account information.

## 3. TELL US HOW MUCH YOU WANT TO WITHDRAW (CHOOSE ONE)

☐ A. I want to withdraw the entire amount available.\*\*  
(The amount of a hardship distribution may not exceed the amount of the documented financial need. Your aggregate coronavirus-related withdrawals from all retirement plans and IRAs cannot exceed \$100,000 as described in your Certification in Section 5.)  
Please indicate whether this is a net or gross amount.  
☐ Net (amount after taxes) ☐ Gross (amount before taxes)  
(The amount will default to gross if no selection is made.)

OR

☒ B. I want to withdraw only a portion of my available account balances as indicated.\*\*  
(If you are not withdrawing your entire available balance, indicate the dollar amount.)

Dollar Amount\*\*  
\$ 100000

Please indicate whether this is a net or gross amount.  
☐ Net (amount after taxes) ☒ Gross (amount before taxes)  
(The amount will default to gross if no selection is made.)

\*\* Your withdrawal payment will be made proportionately based on all of your available funds.

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This Product Contains Sensitive Taxpayer Data

Request Date: 05-16-2024  
Response Date: 05-16-2024  
Tracking Number: 105987511594

Record of Account

FORM NUMBER: 1040

TAX PERIOD: Dec. 31, 2022

TAXPAYER IDENTIFICATION NUMBER:

XXX-XX-5750

MELI E YOUN  
4839 N

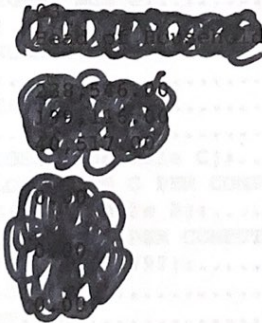
--- ANY MINUS SIGN SHOWN BELOW SIGNIFIES A CREDIT AMOUNT ---

ACCOUNT BALANCE:	0.00	
ACCRUED INTEREST:	0.00	AS OF: Apr. 03, 2023
ACCRUED PENALTY:	0.00	AS OF: Apr. 03, 2023

ACCOUNT BALANCE  
PLUS ACCRUALS  
(this is not a  
payoff amount): 0.00





\*\* INFORMATION FROM THE RETURN OR AS ADJUSTED \*\*

EXEMPTIONS:  
FILING STATUS:  
ADJUSTED GROSS  
INCOME:  
TAXABLE INCOME:  
TAX PER RETURN:  
SE TAXABLE INCOME  
TAXPAYER:  
SE TAXABLE INCOME  
SPOUSE:  
TOTAL SELF  
EMPLOYMENT TAX:



RETURN DUE DATE OR RETURN RECEIVED DATE (WHICHEVER IS LATER) Apr. 15, 2023  
PROCESSING DATE Mar. 27, 2023

TRANSACTIONS

CODE	EXPLANATION OF TRANSACTION	CYCLE	DATE	AMOUNT
150	Tax return filed 70221-462-89888-3	20231005	03-27-2023	
806	W-2 or 1099 withholding		04-15-2023	
766	Credit to your account		04-15-2023	
846	Refund issued		03-15-2023	



SSN Provided: XXX-XX-5750  
 Tax Period Ending: Dec. 31, 2022

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN: XXX-XX-5750 SPOUSE SSN:  
 NAME(S) SHOWN ON RETURN: MELI E YOUN

ADDRESS: 2726 W

FILING STATUS: 1040  
 FORM NUMBER: 20231005  
 CYCLE POSTED: Apr. 15, 2023  
 RECEIVED DATE: \$0.00  
 REMITTANCE: 3  
 EXEMPTION NUMBER: SGAR  
 DEPENDENT 1 NAME CTRL: XXX-XX-3553  
 DEPENDENT 1 SSN: SGAR  
 DEPENDENT 2 NAME CTRL: XXX-XX-7963  
 DEPENDENT 2 SSN:  
 DEPENDENT 3 NAME CTRL:  
 DEPENDENT 3 SSN:  
 DEPENDENT 4 NAME CTRL:  
 DEPENDENT 4 SSN:  
 IDENTITY THEFT PERSONAL ID NUMBER:  
 PTIN: XXX-XX-4459  
 PREPARER EIN: XX-XXX2564

#### Income

TOTAL WAGES:.....  
 FORM W-2 WAGES:.....  
 TAXABLE INTEREST INCOME: SCH B:.....  
 TAX-EXEMPT INTEREST:.....  
 ORDINARY DIVIDEND INCOME: SCH B:.....  
 QUALIFIED DIVIDENDS:.....  
 REFUNDS OF STATE/LOCAL TAXES:.....  
 ALIMONY RECEIVED:.....  
 BUSINESS INCOME OR LOSS (Schedule C):.....  
 BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:.....  
 CAPITAL GAIN OR LOSS: (Schedule D):.....  
 CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:.....  
 OTHER GAINS OR LOSSES (Form 4797):.....  
 TOTAL IRA DISTRIBUTIONS:.....  
 TAXABLE IRA DISTRIBUTIONS:.....  
 TOTAL PENSIONS AND ANNUITIES:.....  
 TAXABLE PENSION/ANNUITY AMOUNT:.....\$33,333.00  
 ADDITIONAL INCOME:.....  
 ADDITIONAL INCOME PER COMPUTER:.....  
 REFUNDABLE CREDITS PER COMPUTER:.....  
 REFUNDABLE EDUCATION CREDIT PER COMPUTER:.....  
 QUALIFIED BUSINESS INCOME DEDUCTION:.....  
 RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):.....  
 RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:.....  
 RENT/ROYALTY INCOME/LOSS PER COMPUTER:.....  
 ESTATE/TRUST INCOME/LOSS PER COMPUTER:.....  
 PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER:.....  
 FARM INCOME OR LOSS (Schedule F):.....  
 FARM INCOME OR LOSS (Schedule F) PER COMPUTER:.....



UNEMPLOYMENT COMPENSATION:.....  
 TOTAL SOCIAL SECURITY BENEFITS:.....  
 TAXABLE SOCIAL SECURITY BENEFITS:.....  
 TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:.....  
 OTHER INCOME:.....  
 SCHEDULE EIC SE INCOME PER COMPUTER:.....  
 SCHEDULE EIC EARNED INCOME PER COMPUTER:.....  
 SCH EIC DISQUALIFIED INC COMPUTER:.....  
 EXCESS ADV CHILD TAX CREDIT PER COMPUTER:.....  
 PRIMARY ECONOMIC IMPACT PAYMENT 2:.....  
 SECONDARY ECONOMIC IMPACT PAYMENT 2:.....  
 PRIMARY ADVANCED CTC PAYMENTS:.....  
 SECONDARY ADVANCED CTC PAYMENTS:.....  
 ADDITIONAL CTC EARNED INCOME:.....  
 EIC PRIOR YEAR EARNED INCOME:.....  
 CTC PRIOR YEAR EARNED INCOME:.....  
 QUALIFIED BUSINESS INCOME DEDUCTION:.....  
 F8995 QUALIFIED BUSINESS INCOME DEDUCTION COMPUTER:.....  
 PRIMARY ECONOMIC IMPACT PAYMENT:.....  
 SECONDARY ECONOMIC IMPACT PAYMENT:.....  
 SCHOLARSHIP FELLOWSHIP GRANT:.....  
 TOTAL INCOME:.....  
 TOTAL INCOME PER COMPUTER:.....

#### Adjustments to Income

EDUCATOR EXPENSES:.....  
 EDUCATOR EXPENSES PER COMPUTER:.....  
 RESERVIST AND OTHER BUSINESS EXPENSE:.....  
 HEALTH SAVINGS ACCT DEDUCTION:.....  
 HEALTH SAVINGS ACCT DEDUCTION PER COMPTR:.....  
 MOVING EXPENSES: F3903:.....  
 SELF EMPLOYMENT TAX DEDUCTION:.....  
 SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:.....  
 SELF EMPLOYMENT TAX DEDUCTION VERIFIED:.....  
 KEOGH/SEP CONTRIBUTION DEDUCTION:.....  
 SELF-EMP HEALTH INS DEDUCTION:.....  
 EARLY WITHDRAWAL OF SAVINGS PENALTY:.....  
 ALIMONY PAID SSN:.....  
 ALIMONY PAID:.....  
 SCHOLARSHIP FELLOWSHIP EXCLUDED:.....  
 IRA DEDUCTION:.....  
 IRA DEDUCTION PER COMPUTER:.....  
 STUDENT LOAN INTEREST DEDUCTION:.....  
 STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:.....  
 STUDENT LOAN INTEREST DEDUCTION VERIFIED:.....  
 TUITION AND FEES DEDUCTION:.....  
 TUITION AND FEES DEDUCTION PER COMPUTER:.....  
 OTHER ADJUSTMENTS:.....  
 ARCHER MSA DEDUCTION:.....  
 ARCHER MSA DEDUCTION PER COMPUTER:.....  
 TOTAL ADJUSTMENTS:.....  
 TOTAL ADJUSTMENTS PER COMPUTER:.....  
 ADJUSTED GROSS INCOME:.....  
 ADJUSTED GROSS INCOME PER COMPUTER:.....

#### Tax and Credits

65-OR-OVER:.....  
 BLIND:.....  
 SPOUSE 65-OR-OVER:.....  
 SPOUSE BLIND:.....  
 STANDARD DEDUCTION PER COMPUTER:.....



ADDITIONAL STANDARD DEDUCTION PER COMPUTER:.....  
 TAX TABLE INCOME PER COMPUTER:.....  
 EXEMPTION AMOUNT PER COMPUTER:.....  
 TAXABLE INCOME:.....  
 TAXABLE INCOME PER COMPUTER:.....  
 TOTAL POSITIVE INCOME PER COMPUTER:.....  
 TENTATIVE TAX:.....  
 TENTATIVE TAX PER COMPUTER:.....  
 FORM 8814 ADDITIONAL TAX AMOUNT:.....  
 TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER:.....  
 FORM 6251 ALTERNATIVE MINIMUM TAX:.....  
 FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:.....  
 FOREIGN TAX CREDIT:.....  
 FOREIGN TAX CREDIT PER COMPUTER:.....  
 FOREIGN INCOME EXCLUSION PER COMPUTER:.....  
 FOREIGN INCOME EXCLUSION TAX PER COMPUTER:.....  
 EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT:.....  
 EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT:.....  
 CHILD & DEPENDENT CARE CREDIT:.....  
 CHILD & DEPENDENT CARE CREDIT PER COMPUTER:.....  
 CREDIT FOR ELDERLY AND DISABLED:.....  
 CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:.....  
 EDUCATION CREDIT:.....  
 EDUCATION CREDIT PER COMPUTER:.....  
 GROSS EDUCATION CREDIT PER COMPUTER:.....  
 RETIREMENT SAVINGS CNTRB CREDIT:.....  
 RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:.....  
 PRIM RET SAV CNTRB: F8880 LN6A:.....  
 SEC RET SAV CNTRB: F8880 LN6B:.....  
 TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR:.....  
 RESIDENTIAL ENERGY CREDIT:.....  
 RESIDENTIAL CLEAN ENERGY CREDIT PER COMPUTER:.....  
 CHILD AND OTHER DEPENDENT CREDIT:.....  
 CHILD AND OTHER DEPENDENT CREDIT PER COMPUTER:.....  
 ADOPTION CREDIT: F8839:.....  
 ADOPTION CREDIT PER COMPUTER:.....  
 FORM 8396 MORTGAGE CERTIFICATE CREDIT:.....  
 FORM 8396 MORTGAGE CERTIFICATE CREDIT PER COMPUTER:.....  
 TOTAL OTHER NON REFUNDABLE CREDIT:.....  
 FORM 3800 GENERAL BUSINESS CREDITS:.....  
 FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER:.....  
 PRIOR YR MIN TAX CREDIT: F8801:.....  
 PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER:.....  
 EARLIER YEAR INCOME REPAYMENT CREDIT:.....  
 F8936 ELECTRIC MOTOR VEHICLE CREDIT AMOUNT:.....  
 F8936 ELECTRIC MOTOR VEHICLE CREDIT PER COMPUTER:.....  
 F8910 ALTERNATIVE MOTOR VEHICLE CREDIT AMOUNT:.....  
 F8910 ALTERNATIVE MOTOR VEHICLE CREDIT PER COMPUTER:.....  
 SICK FAMILY LEAVE CREDIT:.....  
 NON ITEMIZED CHARITABLE CONTRIBUTION DEDUCTION:.....  
 NON ITEMIZED CHARITABLE CONTRIBUTION PER COMPUTER:.....  
 REFUNDABLE CHILD CARE CREDIT:.....  
 SICK FAMILY LEAVE CREDIT AFTER 3-31-21:.....  
 REFUNDABLE CHILD CARE CREDIT VERIFIED:.....  
 RECOVERY REBATE CREDIT:.....  
 RECOVERY REBATE CREDIT PER COMPUTER:.....  
 RECOVERY REBATE CREDIT VERIFIED:.....  
 OTHER CREDITS:.....  
 TOTAL CREDITS:.....  
 TOTAL CREDITS PER COMPUTER:.....  
 INCOME TAX AFTER CREDITS PER COMPUTER:.....

Other Taxes



SE TAX:.....  
 SE TAX PER COMPUTER:.....  
 SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS:.....  
 SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER:.....  
 TAX ON QUALIFIED PLANS F5329 (PR):.....  
 TAX ON QUALIFIED PLANS F5329 PER COMPUTER:.....  
 IRAF TAX PER COMPUTER:.....  
 TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER:.....  
 IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:.....  
 TOTAL OTHER TAXES PER COMPUTER:.....  
 UNPAID FICA ON REPORTED TIPS:.....  
 F8959 ADDITIONAL MEDICARE TAX:.....  
 F8960 NET INVESTMENT INCOME TAX:.....  
 INTEREST ON DEFERRED TAX:.....  
 TOTAL OTHER TAXES:.....  
 RECAPTURE TAX: F8611:.....  
 HOUSEHOLD EMPLOYMENT TAXES:.....  
 HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER:.....  
 INTEREST DUE ON INSTALLMENT:.....  
 SCH 8812 ADDITIONAL TAX COMPUTER:.....  
 REFUNDABLE CHILD CARE COMPUTER:.....  
 HEALTH COVERAGE RECAPTURE: F8885:.....  
 DEFERRED TAX SCH H SE:.....  
 MAX DEFERRED TAX PER COMPUTER:.....  
 TOTAL ADDITIONAL TAXES:.....  
 TOTAL ASSESSMENT PER COMPUTER:.....  
 TOTAL TAX LIABILITY TP FIGURES:.....  
 TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:.....

#### Payments

FEDERAL INCOME TAX WITHHELD:.....  
 SCH 8812 ADDITIONAL TAX:.....  
 ESTIMATED TAX PAYMENTS:.....  
 OTHER PAYMENT CREDIT:.....  
 REFUNDABLE EDUCATION CREDIT:.....  
 REFUNDABLE EDUCATION CREDIT PER COMPUTER:.....  
 REFUNDABLE EDUCATION CREDIT VERIFIED:.....  
 REFUNDABLE CREDITS:.....  
 EARNED INCOME CREDIT:.....  
 EARNED INCOME CREDIT PER COMPUTER:.....  
 NONTAXABLE COMBAT PAY:.....  
 SCHEDULE 8812 NONTAXABLE COMBAT PAY:.....  
 EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD:.....  
 SCHEDULE 8812 TOT SS/MEDICARE WITHHELD:.....  
 SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT:.....  
 SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:.....  
 SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:.....  
 AMOUNT PAID WITH FORM 4868:.....  
 FORM 2439 REGULATED INVESTMENT COMPANY CREDIT:.....  
 FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS:.....  
 FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER:.....  
 HEALTH COVERAGE TX CR: F8885:.....  
 SEC 965 TAX INSTALLMENT:.....  
 SEC 965 TAX LIABILITY:.....  
 PREMIUM TAX CREDIT AMOUNT:.....  
 PREMIUM TAX CREDIT VERIFIED AMOUNT:.....  
 PRIMARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....  
 SECONDARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....  
 FIRST TIME HOMEBUYER CREDIT REPAYMENT AMOUNT:.....  
 FORM 5405 TOTAL HOMEBUYERS CREDIT REPAYMENT PER COMPUTER:.....  
 SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:.....



SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER (2):.....  
TOTAL OTHER PAYMENTS REFUNDABLE:.....  
TOTAL PAYMENTS:.....  
TOTAL PAYMENTS PER COMPUTER:.....



Refund or Amount Owed

REFUND AMOUNT:.....  
ESTIMATED TAX CREDIT APPLIED TO NEXT YEAR:.....  
ESTIMATED TAX PENALTY:.....  
TAX ON INCOME LESS STATE REFUND PER COMPUTER:.....  
BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:.....  
BAL DUE/OVER PYMT USING COMPUTER FIGURES:.....  
FORM 8888 TOTAL REFUND PER COMPUTER:.....



Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER:.....X0657  
AUTHORIZATION INDICATOR:.....1  
THIRD PARTY DESIGNEE NAME:.....JOS D IDRO BRAV

Schedule A--Itemized Deductions

MEDICAL/DENTAL

MEDICAL AND DENTAL EXPENSES:.....  
ADJUSTED GROSS INCOME PERCENTAGE:.....  
ADJUSTED GROSS INCOME PERCENTAGE PER COMPUTER 10 PERCENT:.....  
ADJUSTED GROSS INCOME PERCENTAGE PER COMPUTER 7.5 PERCENT:.....  
NET MEDICAL DEDUCTION:.....  
NET MEDICAL DEDUCTION PER COMPUTER:.....



TAXES PAID

STATE AND LOCAL INCOME OR SALES TAXES:.....  
REAL ESTATE TAXES:.....  
PERSONAL PROPERTY TAXES:.....  
OTHER TAXES AMOUNT:.....  
SCH A TAX DEDUCTIONS:.....  
SCH A TAX PER COMPUTER:.....



INTEREST PAID

MORTGAGE INTEREST (FINANCIAL):.....  
MORTGAGE INTEREST (INDIVIDUAL):.....  
DEDUCTIBLE POINTS:.....  
QUALIFIED MORTGAGE INSURANCE PREMIUMS:.....  
DEDUCTIBLE INVESTMENT INTEREST:.....  
TOTAL INTEREST DEDUCTION:.....  
TOTAL INTEREST DEDUCTION PER COMPUTER:.....



CHARITABLE CONTRIBUTIONS

CASH CONTRIBUTIONS:.....  
OTHER THAN CASH: Form 8283:.....  
CARRYOVER FROM PRIOR YEAR:.....  
SCH A TOTAL CONTRIBUTIONS:.....  
SCH A TOTAL CONTRIBUTIONS PER COMPUTER:.....



CASUALTY AND THEFT LOSS

CASUALTY OR THEFT LOSS:.....





JOBS AND MISCELLANEOUS

UNREIMBURSED EMPLOYEE EXPENSE AMOUNT:.....  
TOTAL LIMITED MISC EXPENSES:.....  
NET LIMITED MISC DEDUCTION:.....  
NET LIMITED MISC DEDUCTION PER COMPUTER:.....

OTHER MISCELLANEOUS

OTHER THAN GAMBLING AMOUNT:.....  
OTHER MISC DEDUCTIONS:.....

TOTAL ITEMIZED DEDUCTIONS

TOTAL ITEMIZED DEDUCTIONS:.....  
TOTAL ITEMIZED DEDUCTIONS PER COMPUTER:.....  
RECOMPUTED TOTAL ITEMIZED DEDUCTIONS PER COMPUTER:.....  
ELECT ITEMIZED DEDUCTION INDICATOR:.....  
SCH A ITEMIZED PERCENTAGE PER COMPUTER:.....

Interest and Dividends

GROSS SCHEDULE B INTEREST:.....  
TAXABLE INTEREST INCOME:.....  
EXCLUDABLE SAVINGS FROM BOND INT:.....  
GROSS SCHEDULE B DIVIDENDS:.....  
DIVIDEND INCOME:.....  
FOREIGN ACCOUNTS IND:.....  
REQUIRED TO FILE FINCEN FORM 114:.....

Schedule D--Capital Gains and Losses

SHORT TERM CAPITAL GAINS AND LOSSES

SHORT TERM BASIS NO ADJUSTMENTS SALE AMOUNT:.....  
SHORT TERM BASIS NO ADJUSTMENTS COST AMOUNT:.....  
SHORT TERM BASIS SALE AMOUNT:.....  
SHORT TERM BASIS COST AMOUNT:.....  
SHORT TERM BASIS ADJUSTMENTS:.....  
SHORT TERM NO BASIS SALE AMOUNT:.....  
SHORT TERM NO BASIS COST AMOUNT:.....  
SHORT TERM NO BASIS ADJUSTMENTS:.....  
SHORT TERM NO 1099B SALE AMOUNT:.....  
SHORT TERM NO 1099B COST AMOUNT:.....  
SHORT TERM NO 1099B ADJUSTMENTS:.....  
SHORT TERM SCHEDULE K-1 AMOUNT:.....  
NET SHORT-TERM GAIN/LOSS:.....  
F8949 Y QUALIFIED OPPORTUNITY FUNDS SHORT TERM INVESTMENTS:.....  
F8949 Y QUALIFIED OPPORTUNITY FUNDS SHORT TERM EIN:.....  
F8949 Y QUALIFIED OPPORTUNITY FUNDS SHORT TERM SOLD DATE:.....  
F8949 Y QUALIFIED OPPORTUNITY FUNDS SHORT TERM DEFERRED:.....  
F8949 Z QUALIFIED OPPORTUNITY FUNDS SHORT TERM ADJUSTMENTS:.....  
F8949 Z QUALIFIED OPPORTUNITY FUNDS SHORT TERM INVESTMENTS:.....  
F8949 Z QUALIFIED OPPORTUNITY FUNDS SHORT TERM EIN:.....  
F8949 Z QUALIFIED OPPORTUNITY FUNDS SHORT TERM ACQUIRED DATE:.....

LONG TERM CAPITAL GAINS AND LOSSES

LONG TERM BASIS NO ADJUSTMENTS SALE AMOUNT:.....  
LONG TERM BASIS NO ADJUSTMENTS COST AMOUNT:.....  
LONG TERM BASIS SALE AMOUNT:.....



LONG TERM BASIS COST AMOUNT:.....  
 LONG TERM BASIS ADJUSTMENTS:.....  
 LONG TERM NO BASIS SALE AMOUNT:.....  
 LONG TERM NO BASIS COST AMOUNT:.....  
 LONG TERM NO BASIS ADJUSTMENTS:.....  
 LONG TERM NO 1099B SALE AMOUNT:.....  
 LONG TERM NO 1099B COST AMOUNT:.....  
 LONG TERM NO 1099B ADJUSTMENTS:.....  
 LONG TERM SCHEDULE K-1 AMOUNT:.....  
 CAPITAL GAIN DISTRIBUTIONS (PR):.....  
 NET LONG-TERM GAIN/LOSS:.....  
 F8949 Y QUALIFIED OPPORTUNITY FUNDS LONG TERM INVESTMENTS:.....  
 F8949 Y QUALIFIED OPPORTUNITY FUNDS LONG TERM EIN:.....  
 F8949 Y QUALIFIED OPPORTUNITY FUNDS LONG TERM SOLD DATE:.....  
 F8949 Y QUALIFIED OPPORTUNITY FUNDS LONG TERM DEFERRED:.....  
 QUALIFIED OPPORTUNITY FUNDS DISPOSAL:.....  
 F8949 Z QUALIFIED OPPORTUNITY FUNDS LONG TERM INVESTMENTS:.....  
 F8949 Z QUALIFIED OPPORTUNITY FUNDS LONG TERM EIN:.....  
 F8949 Z QUALIFIED OPPORTUNITY FUNDS LONG TERM ACQUIRED DATE:.....  
 F8949 Z QUALIFIED OPPORTUNITY FUNDS LONG TERM ADJUSTMENTS:.....

# TAX COMPUTATION USING MAXIMUM CAPITAL GAINS RATES

28% RATE GAIN:.....  
 UNRECAPTURED SECT: 1250 GAIN:.....  
 SCH D 15% TAX CMPTR:.....  
 CAPITAL GAINS LESS INVEST INCOME PER COMPUTER:.....  
 CAP GAINS PER COMPUTER:.....  
 CAP GAINS TAX PER COMPUTER:.....  
 CAP GAINS PER COMPUTER:.....  
 CAP GAINS TAX AMT PER COMPUTER (5):.....  
 CAP GAINS TAX AMT PER COMPUTER (6):.....  
 SCHEDULE D TAX PER COMPUTER:.....

Form 8863 - Education Credits (Hope and Lifetime Learning Credits)

## PART III - ALLOWABLE EDUCATION CREDITS

GROSS EDUCATION CR PER COMPUTER:.....  
 TOTAL EDUCATION CREDIT AMOUNT:.....  
 TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:.....

Form 8959 Additional Medicare Tax

MEDICARE WAGES:.....  
 UNREPORTED TIPS:.....  
 WAGES FROM FORM 8919:.....  
 ADDITIONAL MEDICARE TAX ON MEDICARE WAGES:.....  
 ADDITIONAL MEDICARE TAX ON MEDICARE WAGES PER COMPUTER:.....  
 SELF EMPLOYMENT INCOME:.....  
 ADDITIONAL MEDICARE TAX ON SELF-EMPLOYMENT INCOME:.....  
 ADDITIONAL MEDICARE TAX ON SELF-EMPLOYMENT INCOME PER COMPUTER:.....  
 RAILROAD RETIREMENT COMPENSATION:.....  
 TIER I EMPLOYEE ADDITIONAL MEDICARE TAX ON RAILROAD COMPENSATION:.....  
 TIER I EMPLOYEE ADDITIONAL MEDICARE TAX ON RAILROAD COMPENSATION PER COMPUTER:.....  
 MEDICARE TAX WITHHELD W-2 BOX 6:.....  
 ADDITIONAL MEDICARE TAX W-2 BOX 14:.....  
 TOTAL ADDITIONAL MEDICARE TAX:.....  
 TOTAL ADDITIONAL MEDICARE TAX WITHHOLDING:.....  
 TOTAL ADDITIONAL MEDICARE TAX WITHHOLDING VERIFIED:.....  
 TOTAL ADDITIONAL MEDICARE TAX WITHHOLDING PER COMPUTER:.....



## Form 8960 Net Investment Income Tax - Individuals, Estates, and Trusts

TAXABLE INTEREST AMOUNT:.....  
 ORDINARY DIVIDENDS:.....  
 ANNUITIES:.....  
 RENT, ROYALTIES, PARTNERSHIPS, ETC.:.....  
 ADJUSTMENT FOR DERIVED INCOME OR LOSS:.....  
 NET GAIN OR LOSS FROM DISPOSITION OF PROPERTY:.....\$  
 NET GAIN OR LOSS FROM DISPOSITION OF PROPERTY NOT SUBJECT TO NET INVESTMENT  
 INCOME TAX:.....  
 ADJUSTMENT FROM DISPOSITION OF PARTNERSHIP INTEREST:.....  
 CHANGES FOR CERTAIN CFCS AND PFICS:.....  
 OTHER MODIFICATIONS TO INVESTMENT INCOME:.....  
 TOTAL INVESTMENT INCOME:.....  
 TOTAL INVESTMENT INCOME PER COMPUTER:.....  
 INVESTMENT INTEREST EXPENSES:.....  
 STATE INCOME TAX:.....  
 INVESTMENT EXPENSES:.....  
 ADDITIONAL MODIFICATIONS:.....  
 TOTAL DEDUCTIONS AND MODIFICATIONS:.....  
 TOTAL DEDUCTIONS AND MODIFICATIONS PER COMPUTER:.....  
 MODIFIED ADJUSTED GROSS INCOME:.....\$  
 TAXABLE INVESTMENT INCOME:.....  
 TAXABLE INVESTMENT INCOME PER COMPUTER:.....  
 NET INVESTMENT INCOME TAX FOR INDIVIDUALS:.....  
 NET INVESTMENT INCOME TAX FOR INDIVIDUALS VERIFIED:.....  
 NET INVESTMENT INCOME TAX FOR INDIVIDUALS PER COMPUTER:.....\$0.00

## Form 8867 Paid Preparer's Earned Income Credit Checklist

INCORRECT INFORMATION AOTC:.....  
 F8867 CERTIFICATION:.....  
 EIC CLAIMED:.....  
 CTC ACTC CLAIMED:.....  
 AOTC CLAIMED:.....  
 HEAD OF HOUSEHOLD FILING STATUS CLAIMED:.....

## Form 8995-A, 8995 Qualified Business Income Deduction

QUALIFIED BUSINESS INCOME COMPONENT:.....  
 REIT AND PTP COMPONENT:.....  
 F8995 NET CAPITAL GAINS:.....  
 F8995 DOMESTIC PRODUCTION DEDUCTION:.....  
 QUALIFIED BUSINESS NET LOSS CARRYFORWARD:.....  
 QUALIFIED REIT DIV AND PTP LOSS CARRYFORWARD:.....  
 TOTAL QUALIFIED BUSINESS LOSS CARRYFORWARD:.....  
 TOTAL REIT DIV LOSS CARRYFORWARD:.....  
 TOTAL QUALIFIED BUSINESS INCOME OR LOSS:.....  
 QUALIFIED REIT DIV AND PTP INCOME OR LOSS:.....

This Product Contains Sensitive Taxpayer Data